

# 2008 MAINE STATE PROFILE of SELECTED PUBLIC HEALTH INDICATORS

Maine Center for Disease Control and Prevention/DHHS

ENVIRONMENTAL HEALTH INDICATORS	DISTRICT								MAINE State ± Margin of Error	UNITED STATES
	Aroostook ± Margin of Error	Central ± Margin of Error	Cumberland ± Margin of Error	Downeast ± Margin Of Error	Midcoast ± Margin of Error	Penquis ± Margin of Error	Western ± Margin of Error	York ± Margin of Error		
Emergency Department Visits for Carbon Monoxide Poisoning (rate per 100,000) [2001-2005]	15.9 (±2.3)	6.9 (±1.9)	4.7 (±1.2)	5.2 (±4.9)	6.3 (±1.9)	6.9 (±1.9)	8.0 (±1.9)	6.5 (±1.7)	6.9 (±0.7)	n/a
Elevated Blood Lead Levels Among Screened 1-Year Old Children (percent) [2005-2006]	0.3 (±0.4)	1.9 (±0.8)	1.1 (±0.4)	1.0 (±0.7)	1.9 (±0.8)	1.6 (±0.6)	1.7 (±0.6)	1.4 (±0.5)	1.4 (±0.2)	1.58 (<72 mos. Old) [2005]
Housing Units in Structures Built <1950 (numbers, representing high risk for lead) [2000]	15,244	29,569	45,159	20,370	29,527	27,996	37,155	28,112	35.7%	22.3%
Homes with Private Wells Tested for Arsenic (percent) [2003]	n/a	45.6 (±9.7)	n/a	n/a	36.6 (±9.4)	n/a	47.1 (±9.4)	n/a	44.6 (±3.9)	n/a
District Community Water Systems Meeting all Health Based Standards (percent) [2007]	78	80	87	76	80	94	84	65	80	n/a
District Community Water Systems with Source Water Protection in Place (percent) [2007]	74	78	84	93	88	87	81	84	84	n/a

## SOURCES AND TECHNICAL NOTES

There are three (3) DHHS Districts whose jurisdictional borders follow a single county [Aroostook, Cumberland, and York] and five (5) DHHS Health District jurisdictions that cover either 2, 3, or 4 counties [Central, Downeast, Midcoast, Penquis, Western Districts.]	Highlighted cells are those that may be significantly different than the state rate because the data fall outside the margin of error.	Race / ethnicity estimates herein reflect one type of Census format so that when a person of more than one race is counted, he or she is counted in more than one racial category. This will result in a total count higher than the actual total population count for the jurisdiction when it comes to race / ethnicity.	What is measured to compare disease burden by District is not always what should be measured to compare state to national data (which is not always age-adjusted.)	Differences in methodology for data calculations may be too great to directly compare District or State data with US or Benchmarking State data sets such as found in <i>Healthy People 2010</i> , or the Commonwealth, Kaiser, or United Health Foundation indicators ranking projects. They are still informative so they have been included.	Indicators change over time, especially those that depend in coding regulations, which themselves change.	Data for the single county Districts are sometimes calculated differently than those of multi-county Districts. For example, median ages are not comparable across Districts, but still provide useful information.	Many other complicated factors, such as when the population (Census) changes, means rates are not always comparable.
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